

NY
8/10

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/10/00</i>
O.I.P.E. CLASSIFIER	<i>AL</i>	<i>[Signature]</i>	<i>8/10/00</i>
FORMALITY REVIEW	<i>AL</i>		<i>7/31/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 □ Allowed
 - (Through numeral) ... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	1-1-00
2	✓	✓	5-11
3	✓	✓	10-25-00
4	✓	✓	10-25-00
5	✓	✓	10-25-00
6	✓	✓	10-25-00
7	✓	✓	10-25-00
8	✓	✓	10-25-00
9	✓	✓	10-25-00
10	✓	✓	10-25-00
11	✓	✓	10-25-00
12	✓	✓	10-25-00
13	✓	✓	10-25-00
14	✓	✓	10-25-00
15	✓	✓	10-25-00
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28	✓	✓	10-25-00
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49	✓	✓	10-25-00
50	✓	✓	10-25-00

Claim	Final	Original	Date
51	✓	✓	10-25-00
52	✓	✓	10-25-00
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99	✓	✓	10-25-00
100	✓	✓	10-25-00

Claim	Final	Original	Date
101	✓	✓	10-25-00
102	✓	✓	10-25-00
103	✓	✓	10-25-00
104	✓	✓	10-25-00
105	✓	✓	10-25-00
106	✓	✓	10-25-00
107	✓	✓	10-25-00
108	✓	✓	10-25-00
109	✓	✓	10-25-00
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111	✓	✓	10-25-00
112	✓	✓	10-25-00
113	✓	✓	10-25-00
114	✓	✓	10-25-00
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146	✓	✓	10-25-00
147	✓	✓	10-25-00
148	✓	✓	10-25-00
149	✓	✓	10-25-00
150	✓	✓	10-25-00

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)